

## DEPARTMENT OF PERSONNEL ADMINISTRATION

COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2007

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental <b>Mail STD. 692 to:</b> Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$49.84	\$99.21	\$139.61
	Basic	Rank and File employees	\$47.89	\$84.37	\$122.41
	Basic	Eligible dependents of Rank and File employees	\$40.98	\$61.75	\$80.97
	PPO	Excluded & Rank and File employees and their eligible dependents	\$41.31	\$81.03	\$122.29
Safeguard 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$15.41	\$24.97	\$34.98
	Enhanced	Excluded employees and their eligible dependents	\$15.08	\$25.52	\$31.44
PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.